



THE PARENT PARTICIPATION PROGRAM AWARD

**Deadline for Application to
Office of Program Review and Improvement
March 6, 2002**

Incentive Award_____

Recognition Award_____

THE PARENT PARTICIPATION PROGRAM

Print or type information.

District:	District Code:	School:	School Code:																					
County:	County Code:	District Telephone Number:																						
		District Fax Number:																						
Chief School Administrator:		District Address:																						
Principal:		School Telephone Number:																						
		School Fax Number:																						
School Address:																								
SMT Chairperson:		SRI Member:																						
Board approval for application submission (date):																								
<p>The following data is required to assist the panelists in the evaluation of the application</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Type of School</td> <td style="width: 25%;">Grade Levels</td> <td style="width: 40%;">School Enrollment _____</td> </tr> <tr> <td>____ Elementary School</td> <td>_____</td> <td></td> </tr> <tr> <td>____ Middle School</td> <td>_____</td> <td></td> </tr> <tr> <td>____ Junior High School</td> <td>_____</td> <td>Whole-School Reform Model</td> </tr> <tr> <td></td> <td></td> <td>(date adopted)</td> </tr> <tr> <td>____ High School</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>____ Other: _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>Previous Parent Participation Program award: Yes ___ No ___ If Yes, Year(s) _____</p> <p>Previous Best Practices or Star School: Yes ___ No ___ If Yes, Year(s) _____</p>				Type of School	Grade Levels	School Enrollment _____	____ Elementary School	_____		____ Middle School	_____		____ Junior High School	_____	Whole-School Reform Model			(date adopted)	____ High School	_____	_____	____ Other: _____	_____	_____
Type of School	Grade Levels	School Enrollment _____																						
____ Elementary School	_____																							
____ Middle School	_____																							
____ Junior High School	_____	Whole-School Reform Model																						
		(date adopted)																						
____ High School	_____	_____																						
____ Other: _____	_____	_____																						

THE PARENT PARTICIPATION PROGRAM

Introduction

The Department of Education and the Commissioner's Urban Advisory Committee initiated a program of award and recognition that will identify and catalog exemplary parent participation programs in Abbott districts. The purpose of this award is to recognize and celebrate the excellence achieved by Abbott public schools in the area of parent involvement, in addition to providing an incentive for schools to enhance newly created outstanding parent involvement programs.

Exemplary Parent Participation Program Awards in Abbott districts will be identified annually. In order to be designated, these exemplary programs **must** promote high student achievement and have (1) an original parent participation program that reflects the school community and includes a systemic parent education component; (2) components that can be replicated; (3) an identifiable educational delivery system or a whole-school reform model which addresses the educational needs of students and the *Core Curriculum Content Standards and Cross-Content Workplace Readiness Standards*; (4) collaborative efforts with the community and/or other organizations; and (5) operates under the tenets of school based decision making with an operational School Management Team which is compliant with N.J.A.C. 6A:24.

Eligibility: The Parent Participation Program described in this application **must** be an original school design program and cannot be a copyrighted or a contracted program or part of a consortium activity. All Abbott district public schools are eligible to participate. The competition is open to Abbott district public schools serving students in early childhood education programs through grade 12. **Only one application per school may be submitted.** The Parent Participation Program must have been in place for a minimum of one semester preceding the submission of the application or in the infancy stages (less than 4 months) and must be the result of a collaborative effort between the school, parents and/or the SMT. Previously awarded schools must wait three years following selection to be eligible to reapply and must show how they have expanded their winning practices. There is no limit to the number of public schools from any Abbott district that may apply.

Selection Process: There are five phases to the selection process which culminates in a September Recognition Ceremony.

- (1) The county superintendents of schools assure that all applicants do not evidence any violations of code, statute or department policy.
- (2) Panels of New Jersey residents representing a diverse cross section of educators and community members are convened to read and evaluate all eligible applications to determine the finalists.
- (3) Site visits to schools designated as finalists by panelists are done to confirm the program described in the application.

<u>Criteria for Evaluation of Applications</u>	<u>Maximum Points</u>
1. The school's parent involvement program is original and reflects the school community and includes a systemic parent education component.	35 points
2. The program can be replicated in other schools and districts.	20 points
3. The school has an identifiable delivery system or a whole-school reform model that addresses student educational needs based on the <i>Core Curriculum Content Standards and Cross-Content Workplace Readiness Standards</i> .	15 points
4. The school works collaboratively with the community and/or other organizations to create a positive school environment and fosters school improvement.	20 points
5. The school operates under the tenets of school based decision making and has an operational School Management Team (SMT) which is compliant with N.J.A.C. 6A:24.	10 points

Recognition: A statewide ceremony will be held in September with additional recognition generated through the media. Each school receiving the award will receive a \$3,000 award check for expansion/enhancement of the program and 10% may be used to offset duplication or replication costs.

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Application Requirements:

1. Application must be **keyboarded on 8 1/2" x 11" white paper, portrait format. Twelve-point computer font or twelve-point typewriter font** must be used.
2. **Responses should be no more than two single-sided pages (double spaced)** for each of the program descriptors on page four.
3. **The Statement of Assurances form must be attached to all applications and signed by Chief School Administrator, Principal, SMT chairperson and the SRI person assigned to the school.**
4. A list of the **SMT membership** must be attached.
5. **Additional materials are not solicited and will not be considered in the evaluation process.**
6. **An original and one copy of the application** must be received no later than **4 p.m., March 6, 2002**. Submit the application to:

Office of Program Review and Improvement
New Jersey Department of Education
P.O. Box 500
100 Riverview Plaza
Trenton, NJ 08625-0500
Attn: Parent Participation Award

Facsimiles or email transmissions are not acceptable.

FOR ADDITIONAL INFORMATION, CONTACT:

Carol Albritton
Office of Program Review and Improvement
New Jersey Department of Education
100 Riverview Plaza
PO Box 500, Trenton, NJ 08625-0500
Telephone (609) 292-5519

FAILURE TO COMPLY WITH THE PROCEDURES AND DEADLINE FOR SUBMISSION OF THE APPLICATION WILL RESULT IN THE APPLICATION NOT BEING REVIEWED.

THE PARENT PARTICIPATION PROGRAM

Program Description

1. (a) Describe the school's original Parent Participation Program design, implementation, activities and the Whole School Reform model or the identifiable delivery system. Illustrate how it relates to the Whole School Reform initiative and supports the instructional needs of students based on the *Core Curriculum Content Standards and Cross Content Workplace Readiness Standards*.

(b) If this program is in the infancy stages (less than four months), describe how it was originally created, the Whole School Reform model or the identifiable delivery system and how it is the result of the collaborative efforts between the school, parents and/or SMT (if applicable). Illustrate how the program relates to the Whole School Reform initiative and supports the instructional needs of students based on the *Core Curriculum Content Standards and Cross Content Workplace Readiness Standards*
2. Delineate all innovative and supportive school strategies and/or activities that are an **outgrowth** of this program. Detail how the program has promoted progressive student achievement and includes a systemic parent education component.
3. Describe how this program can be replicated in other schools/ districts.
4. Using examples, explain how the school works collaboratively with the community and/or other organizations to create a positive school environment and foster student achievement.
5. Describe the school's shared decision-making process and the role of the SMT in the educational process and the implementation of a Whole School Reform model (if applicable).

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Statement of Assurances

1. The Parent Participation Program reflected in this application is an original school design. It is not copyrighted, nor contracted, nor is it a part of a consortium activity.
2. The school will use funds received from this Award to expand or enhance the parent participation program and **no more than 10%** may be used to offset duplication or replication costs.
3. The school agrees to allow visitation by other school/district personnel to observe program operation.
4. The school agrees to maintain all records that pertain to this Award for a period of three years.
5. All expenditures or encumbrances of the \$3000 Award will be completed by August 1, 2003; carry over of funds is not allowed. An End of the Year Report illustrating programmatic and fiscal activities will be submitted on or before September 27, 2003.

On behalf of the school, we certify that the information contained in this application is correct, and that we are authorized to represent the school, to give the above assurances and to file this application.

- | | | | |
|----|--|-------------------------------|-------|
| 1. | _____ | _____ | _____ |
| | Typed Name of School Principal | Signature of School Principal | Date |
| 2. | _____ | _____ | _____ |
| | Typed Name of Chief School Administrator | Signature of CSA | Date |
| 3. | _____ | _____ | _____ |
| | Typed Name of SMT Chairperson | Signature of SMT Chairperson | Date |

THE PARENT PARTICIPATION PROGRAM

Please provide names of SMT members and check the group each represents.

SMT MEMBER NAME	Principal	Teacher	Parent	Administrator	Student	Community Representative	Other (Please explain)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Application submission approved by SMT on _____.
(Meeting Date)

SMT Chairperson signature